

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND             |                                   |   |                          |          |   |   |    |   |   |   |   |
|---|-----------------------------------|---|--------------------------|----------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>5/17/05</u>         |                                   | 2 Serial/Patent # <u>10-578,663</u>   |                          |          |   |   |    |   |   |   |   |
| 3 Please refund the following fee(s):     |                                   | 4 PAPER NUMBER  | 5 DATE FILED             | 6 AMOUNT |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>       | Filing                            | 1   | 12/17/04                 | \$ 100   |   |   |    |   |   |   |   |
| <input type="checkbox"/>                  | Amendment                         |   |                          | \$       |   |   |    |   |   |   |   |
| <input type="checkbox"/>                  | Extension of Time                 |   |                          | \$       |   |   |    |   |   |   |   |
| <input type="checkbox"/>                  | Notice of Appeal/Appeal           |   |                          | \$       |   |   |    |   |   |   |   |
| <input type="checkbox"/>                  | Petition                          |   |                          | \$       |   |   |    |   |   |   |   |
| <input type="checkbox"/>                  | Issue                             |   |                          | \$       |   |   |    |   |   |   |   |
| <input type="checkbox"/>                  | Cert of Correction/Terminal Disc. |   |                          | \$       |   |   |    |   |   |   |   |
| <input type="checkbox"/>                  | Maintenance                       |   |                          | \$       |   |   |    |   |   |   |   |
| <input type="checkbox"/>                  | Assignment                        |   |                          | \$       |   |   |    |   |   |   |   |
| <input type="checkbox"/>                  | Other                             |   |                          | \$       |   |   |    |   |   |   |   |
|   |                                   |   | 7 TOTAL AMOUNT OF REFUND | \$ 100   |   |   |    |   |   |   |   |
| 10 REASON:                                |                                   | 8 TO BE REFUNDED BY:  |                          |          |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>       | Overpayment                       | Treasury Check  |                          |          |   |   |    |   |   |   |   |
| <input type="checkbox"/>                  | Duplicate Payment                 | Credit Deposit A/C #:   |                          |          |   |   |    |   |   |   |   |
| <input type="checkbox"/>                  | No Fee Due (Explanation):         | 9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">1</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">6</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> </tr> </table> |                          |          | 1 | 1 | -- | 0 | 6 | 0 | 0 |
| 1   | 1                                 | --  | 0                        | 6        | 0 | 0 |    |   |   |   |   |
|   |                                   |   |                          |          |   |   |    |   |   |   |   |
|   |                                   |   |                          |          |   |   |    |   |   |   |   |
|   |                                   |   |                          |          |   |   |    |   |   |   |   |
| 11 REFUND REQUESTED BY:                   |                                   |   |                          |          |   |   |    |   |   |   |   |
| TYPED/PRINTED NAME: <u>A Johnson</u>      |                                   | TITLE: <u>Paralegal</u>   |                          |          |   |   |    |   |   |   |   |
| SIGNATURE: <u>A Johnson</u>               |                                   | PHONE: <u>308-9940</u>  |                          |          |   |   |    |   |   |   |   |
| OFFICE: <u>DO-EO</u>                      |                                   |   |                          |          |   |   |    |   |   |   |   |
| *****                                     |                                   |   |                          |          |   |   |    |   |   |   |   |
| THIS SPACE RESERVED FOR FINANCE USE ONLY: |                                   |   |                          |          |   |   |    |   |   |   |   |
| APPROVED: _____                           |                                   | DATE: _____   |                          |          |   |   |    |   |   |   |   |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*